

Dementia

Driving-Related Fact Sheet For Medical Professionals



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Dementia can result in a decline in any of several cognitive functions including memory, attention, language, visuospatial skills, difficulties with abstract thinking, impaired judgment, or personality change. Dementia can interfere with a person's ability to work, the ability to maintain usual social activities or relationships with others, or impair activities of daily living. By mid-century, the number of people affected by dementia will triple, with clear implications for driving risk.

Effects on Driving

- A diagnosis of dementia is not, on its own, a sufficient reason to withdraw driving privileges. A significant number of drivers with dementia can drive safely in the early stages of their illness. The determining factor in withdrawing driving privileges is driving ability and the amount and type of driving exposure (risk assessment). When the individual poses a heightened risk to self or others, the result is a suspension of driving privileges.
- Office clinicians do not directly measure driving competence. They do, however, review the person's medical history and can assess the person's cognition and other functional abilities. Clinicians can refer the patient to occupational therapists and driving rehabilitation specialists for further evaluation and behind-the-wheel assessments.

The Clinician's Role

- Conduct or refer a patient for a functional evaluation of the person's fitness-to-drive if dementia is a possible diagnosis. NHTSA's Driver Fitness Medical Guidelines provide these indicators that can help determine if the person needs an evaluation:
 - The person is 80 or older;
 - The person had a recent crash or moving violation;
 - The patient uses psychoactive medications such as benzodiazepines, neuroleptics, antidepressants, or uses medications for Alzheimer's disease;
 - There is a history of falls; or
 - Scores from simple screening tools indicate the possibility of a significant cognitive deficit.
- If the diagnosis involves dementia, take the following actions:
 - Address the issue of driving safety with the patient and their family.
 - Encourage patient to develop a driving cessation plan that includes alternative transportation options, and recommend the plan be coordinated with family members and caregivers. If necessary, refer the patient to the local Area Agency on Aging.
 - Perform a focused medical assessment (and serial assessments when needed) that includes information on any new impaired-driving behaviors (e.g., motor vehicle crashes) and an evaluation of cognitive abilities, including memory, attention, judgment, and visuospatial abilities.
 - Strongly discourage the dangerous practice of "co-piloting," or having another individual guide a driver with dementia through the driving task.

For more information go to www.medscape.com

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